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		200		2832	

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(FACE)

NOTICE OF ALLOWANCE MAILED		CLAIMS ALLOWED	
		Total Claims _____ Print Claim for O.G. _____	
Assistant Examiner		DRAWING	
		Sheets Drwg. _____ Figs. Drwg. _____ Print Fig. _____	
ISSUE FEE		Primary Examiner	
Amount Due	Date Paid	Application Examiner	
TERMINAL		PREPARED FOR ISSUE	
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